

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10/667,167
Filing Date	09/17/2003
First Named Inventor	Michael A. Munchhof
Examiner Name	Patricia L. Morris
Art Unit	1625
Attorney Docket No.	PC25396A

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 16-1445 Deposit Account Name: Pfizer Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): fee under 37 C.F.R. 1.20(d)

Fees Paid (\$)

130.00

SUBMITTED BY

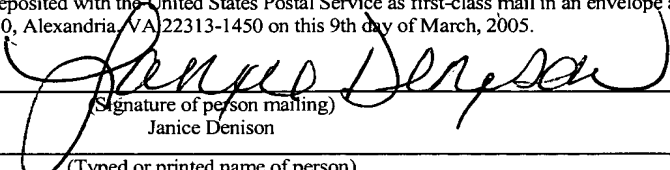
Signature	Nicholas J. Sisti	Registration No. (Attorney/Agent) 54,453	Telephone 860-656-2883
Name (Print/Type)	Nicholas J. Sisti		Date Mar 9, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Hon. Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this 9th day of March, 2005.




(Signature of person mailing)
Janice Denison

(Typed or printed name of person)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: Munchhof, Michael A., et al.:

APPLICATION NO.: 10/667,167 : Examiner: P. Morris

FILING DATE: September 17, 2003 : Group Art Unit: 1625

TITLE: Novel Isothiazole and Isooxazole Compounds as :
Transforming Growth Factor (TGF) Inhibitors

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

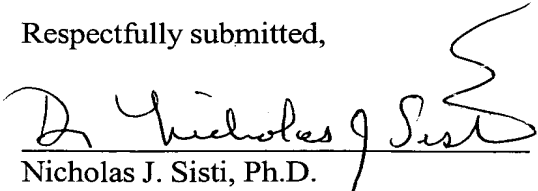
PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. §1.136(a)

Pursuant to the provisions of 37 C.F.R. §1.136(a), it is requested that the term for response to the Examiner's Action in this application, mailed on NOVEMBER 16, 2004, and having an original period for response of THREE MONTHS, which expired on FEBRUARY 16, 2005, be extended by ONE MONTH month(s), such that it expires on MARCH 16, 2005.

Authorization is hereby provided to charge the amount of \$110.00, as stated under 37 C.F.R. §1.17, as well as any additional fees required, or to credit any overpayment to Deposit Account No. 16-1445. Two copies of this paper are enclosed.

Respectfully submitted,

Date: Mar 9, 2005


Nicholas J. Sisti, Ph.D.
Agent for Applicant(s)
Reg. No. 54,453

03/16/2005 MBERHE 00000014 161445 10667167

01 FC:1251 120.00 DA

Pfizer Inc.
Patent Department, MS 8260-1611
Eastern Point Road
Groton, Connecticut 06340
(860) 686-2883